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ABSTRACT

"How will recent health care trends affect health sciences campus planning?" was the question put forth by Dr. Nelson at the Society of College and University Planners conference, August 12, 1970. He outlined the status of health care in this country, including the financial state of medical affairs, particularly for university health sciences centers and medical schools, and the lack of efforts in reducing common diseases, smoking, highway accidents, and environmental pollution. Recent national trends indicate: (1) pressure for increased manpower output and thus delivery of health services on a team basis, and (2) the consumer having a voice in the development and direction of health education and care facilities. Implications for health sciences campuses are that team teaching and multi-disciplinary teaching will be more fully utilized, emphasis will be placed on economy of operation, and hospitals and other care facilities must become self-supporting. (BL)

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HEALTH SCIENCES PLANNING *

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Question: How will recent health care trends affect health sciences campus planning?

Status of Health Care in this Country

President Kennedy remarked that his greatest surprise on becoming president of the United States was to find that things were actually as bad as he had been saying they were. He found that health care in this nation was not good, and it has not improved much since his time. The United States ranks fifteenth among the nations of the world in infant mortality. We are twenty-second in life expectancy for adult males. Five percent of all children born in this country will be born mentally retarded.

Although some of our care is superb, not all our citizens have equal access to health services. This tragic state of affairs is reflected in the fact that a poor child born in the United States in 1969 has twice the risk of dying before his first birthday as would one of our children, and four times the risk of dying before reaching the age of thirty-five. (English, Joseph T., "Health Care for the 1970's," Transactions and Studies of the College of Physicians of Philadelphia, Vol. XXXVII, No. 3, January 1970, pp. 191-197.)

In the nation we are desperately short in all categories of health personnel: 48,000 physicians, 56,000 dentists, 150,000 nurses, 266,000 technologists. (American Medical News, Allied Health Manpower, August 3, 1970, p. 6) Unless

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definitive action is taken, this will worsen with time.

Distribution of health services and facilities is bad. Beverly Hills has no shortage of physicians or psychiatrists, but they are had to find in the core cities of America. Hill-Burton did wonders to spread hospital facilities across the nation, but the big city hospital is crumbling in ruins.

Costs of medical care, in particular cost of hospital care, have become a national scandal.

To our chagrin, we find that two hypotheses upon which we have predicated much of our spending have shown to be false.

1. The billions of dollars expended on research have developed remarkable breakthroughs, but the average citizen is not receiving the full benefit of this knowledge.
2. The billions of dollars we have spent in support of Medicare and Medicaid have improved accessibility to the health care system in theoretical terms, but the resources are just not available to effect delivery. As a consequence, twenty-five to forty million people in this country still lack adequate medical care. The new dollars pumped into an inelastic and inexpansible system have merely inflated the cost of care.

We have concentrated our efforts on major killers of mankind, such as heart disease and stroke. We have made it possible to transplant organs and maintain life electronically for people who would otherwise be dead. However, we have failed abysmally in our efforts to deliver primary care to reduce the ravages of such common diseases as hypertension, tuberculosis, venereal disease, and alcoholism, and somehow we have been unable to cope with deaths attributable to smoking and highway accidents, to say nothing about Vietnam and environmental pollution.

Recent National Trends

It would appear that investment in basic research will be maintained at the present high level, probably without increase, until distribution of the fruits of this activity can be assured. All schools providing education for the health sciences will be asked to increase their output of manpower within existing facilities. The golden age of federal largesse for facility construction is drawing to a close.

Because of the scarcity of health manpower, delivery of health services will be on a team basis. This has many implications for colleges and universities:

1. The University Health Sciences Center campus will emerge as the educational and practice environment for students who must learn to practice as members of a team.
2. The physician may still be preeminent in caring for the patient, but the manager, systems analyst, and organizer will assume a predominant role.

(Medical World News, August 3, 1970)

3. It will be necessary to use everyone at the highest level of effectiveness. Those with the best training can apply their knowledge to make it possible for less-trained members of the team to perform appropriately.

Medicaid has been such a disappointment that it will probably be replaced by health maintenance organization arrangements (Part C Medicare) or other systems encouraging group practice, prepayment, and capitation.

There will be rough financial times ahead for universities health sciences centers and medical schools. Roger O. Egeberg, M.D., Assistant Secretary for Health and Scientific Affairs, had this to say in a letter to a university vice-president requesting grant support for a new clinical teaching building: "As you know, it has been the intent, beginning in fiscal year 1971, that medical school teaching hospitals should obtain Federal construction assistance through the loan provisions of the Hill-Burton legislation and that Health Professions Educational Assistance construction grants should no longer be used for construction of teaching hospitals. The intent of guidelines now being developed by the Department is to allow reliance on the Hill-Burton construction authority; but where such authority cannot effectively be utilized to achieve the purposes of the Health Professions Educational Assistance Act, grant assistance under that Act could be available." (personal communication)

Now if universities and medical schools are going the loan route, it stands to reason that hospitals or facilities so constructed will have to be self-supporting. This, incidentally, is the direction John Dunlop, Harvard economist, would have the entire health care system go. He says that placing the system on a business basis would certainly encourage us to operate more effectively, efficiently, and economically.

There can be no doubt that the consumer will have a voice even as universities and medical schools describe their plans for health education and care facilities. I personally feel this is a move long overdue and probably advantageous in restoring balance to our system, for these reasons:

1. At present, we seem to have forgotten that the game is all about: delivery of health services to all the people. Unfortunately, our medical students even now tend to be from the elite, are educated at public expense, and return to upper middle-class suburbs to care for the elite. Only the public can put us back on track. They support us.
2. Legislation, such as the OEO Program, mandates maximum feasible consumer participation. Labor unions have led the way, and demonstrated the effectiveness of organized movements to improve health benefits.

3. Riots in Newark, where rifle fire was directed at the hospital, provide a non-professional impetus to consider the consumer. As never before, these riots proved a non-responsive monopoly in health care is no longer possible. Indigent patients are not just "teaching material." The day of planning for a two-class system of care is past.

4. Public Law 89-749, the same act which declared health care a human right, required that health care planning boards should include a preponderance of consumers of health services.

The entire thrust of national health care planning is to make health services available, accessible, and acceptable to all potential consumers of health care. These policies are reflected in a number of federally-sponsored programs, such as Neighborhood Health Centers sponsored by OEO, by Community Health Services, by HUD, and by a number of state and local agencies. They provide comprehensive single portal of entry services on consumer terms. Group and Team Practice are the organizational models in all of these centers. Emphasis is being placed on primary care, on family practice, on entry to the system.

Implications for Health Sciences Campuses

All colleges within the health sciences field are being asked to expand. Faced with a shortage of faculty, team teaching and multi-disciplinary teaching are being utilized. Machines are beginning to replace men. Programmed

teaching is here and will increase. Hospitals and health centers are becoming the locus for clinical teaching experience at all schools within the health sciences.

There will be an increasing emphasis on economy. Economy of operation must be stressed. As you probably know, the construction cost of health care facilities is equaled by the cost of operating them every two to two and one-half years. Economy of scale is of great importance,as Rashi Fein has pointed out. P eople are indivisible. We must operate in teams and in settings large enough to utilize fully and appropriately the time and effort of every member of the team. The high cost of constructing and maintaining space requires useful operation many hours of every day. This implies multiple use of space, not always to the liking of departmental chairmen and deans who prefer to operate separate fiefdoms. John Galbraith has pointed out the natural consequence of specialization is organization and management. This implies, in turn, availability of information needed to administer appropriately.

Hospitals and other care facilities must become self-supporting. There are two possibilities for universities:

1. Use someone else's hospital and staff for teaching support. This is, in truth, the trend in Illinois, Indiana, and small western states where medical school enrollment is being supported through utilization of existing community hospital facilities.

2. Operate your own hospital at a break-even level. This implies, again, effectiveness, efficiency, and economy, and support of strictly educational costs by the university.

No longer is it possible for a university or other institution to establish a monopoly on health services delivery without making reasonable arrangements for delivery of these services to the community relying upon the institution for support.

Providers have long dominated the scene and dictated these services, but the day of unilateral unresponsive decision-making is passed. As the student has been discovered and given a voice in University governance, so must the consumer be included in policy decisions affecting community health.

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